L20000233390

(Requestor's Name)
(Address)
(Address)
(Addiess)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Submisso Linkly Hame)
(Document Number)
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COVER LETTER

TO: Registration Section Division of Corporations

COOKS CLEANING SERVICES LLC SUBJECT:		
Name of Limi	ed Liability	Company
DOCUMENT NUMBER: L20000233390	<u> </u>	
The enclosed Resignation of Registered Agent for filing.	r a Limited	Liability Company and fee are submitted
Please return all correspondence concerning this	matter to th	e following:
Chelsea Chapman	1	
Name of Person	1	
Legaline Corporate Services, INC.	Ì	
Name of Firm/Company		
10601 Clarence Dr Ste 250		
Address	1	
Frisco, TX 75033-3867		
City/State and Zip Code	1	
ra@legalinc.com	 	
E-mail address: (to be used for future annual report n	otification)	
For further information concerning this matter, p	lease call:	
Chelsea Chapman	8 4 4	386-0178
Name of Person	Area Code	Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

INHS17 (2/14)

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.011	5, Florida Statutes, the undersigned.
Legaline Corporate Services, INC.	, hereby resigns as
Name of Registered Age	
Registered Agent for COOKS CLEANING SE	ERVICES LLC
Name of Lin	nited Liability Company
L20000233390	
Document Number, if known	
A copy of this resignation was mailed to the a	above listed limited liability company at its last known address.
The agency is terminated and the office disco	entinued on the 31st day after the date on which this statement is filed.
	Signature of Resigning Agent
If signing on behalf of an entity:	
Chelsea Chapman	
Т	yped or Printed Name
On Behalf of Legalin	c Corporate Services, INC.
	Capacity
FILING ○ \$ 85.00 ○ \$ 25.00	FEES: Active limited liability company Administratively dissolved/voluntarily dissolved/ms withdrawn limited liability company

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

INHS17 (2/14)